

ISSUE

The issue is whether appellant has met her burden of proof to establish bilateral shoulder and left thumb conditions causally related to the accepted employment factors.

FACTUAL HISTORY

On July 19, 2021 appellant, then a 53-year-old operations research analyst, filed an occupational disease claim (Form CA-2) alleging bilateral shoulder and left thumb injuries sustained during the beginning of the COVID-19 pandemic while taking laptops/notebooks home every day, walking and riding on public transportation. She noted that she first became aware of her condition on March 29, 2020 and realized its relation to her federal employment on May 18, 2020. Appellant was last exposed to conditions alleged to have caused her conditions on May 6, 2020.

In a July 26, 2021 development letter, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence needed to establish her claim and provided a questionnaire for her completion. OWCP afforded appellant 30 days to submit the necessary evidence.

In response to the development letter, appellant submitted an August 17, 2021 completed questionnaire, wherein she noted that she was attending postgraduate school.

In an August 18, 2021 statement, B.H., a Human Resources Specialist, indicated that, during the pandemic, appellant had moved from Washington, District of Columbia to Oxnard, California. She also controverted the claim indicating that appellant had not established causal relationship.

Treatment reports dated June 30 and July 21, 2021 from Dr. Amit Natani, an orthopedic surgeon, were received. In both reports, Dr. Natani diagnosed bilateral shoulder pain, left greater than right. He reported that appellant presented with bilateral shoulder complaints since March 2020 when she carried her work laptops back and forth daily. Dr. Natani noted appellant's medical treatment, including physical therapy and injections into the shoulders, presented examination findings for both shoulders, and noted the impressions reported in August 29, 2020 left shoulder and right shoulder magnetic resonance imaging (MRI) scan reports.

Copies of the August 29, 2020 MRI scans of the left and right shoulders were submitted. The left shoulder MRI scan revealed mild-to-moderate partial tearing of the supraspinatus, mild tendinosis of the subscapularis; mild-to-moderate acromioclavicular (AC) joint arthropathy without narrowing of the supraspinatus outlet; and small joint effusion with small amount of fluid in the subacromial subdeltoid bursa. The right shoulder MRI scan revealed mild partial tearing of the supraspinatus anteriorly including partial delamination; mild partial tearing of the infraspinatus anteriorly; mild AC joint arthropathy; and small amount of fluid within the subacromial subdeltoid space.

Medical reports from Dr. Paul Simic, an orthopedic hand surgery specialist, dated August 13 and September 15, 2020 were received. Dr. Simic reported that appellant suspected

that her hand and upper extremity orthopedic symptoms may have been caused by her habitual activity of carrying a heavy backpack which contained two laptops. He noted appellant's medical treatment and presented physical examination findings. In his August 13, 2020 report, Dr. Simic provided an impression of bilateral shoulder impingement syndrome; partial rotator cuff wear and tear; and AC joint osteoarthritis. A September 15, 2020 after-visit summary indicated that Dr. Simic had provided cortisone injections. Appellant's diagnoses were noted as: impingement syndrome of right shoulder; nontraumatic incomplete of right rotator cuff; impingement syndrome of left shoulder; nontraumatic incomplete tear of left rotator cuff; primary localized osteoarthrosis of right shoulder; primary localized osteoarthrosis of left shoulder; and pain.

By decision dated October 15, 2021, OWCP denied appellant's occupational disease claim, finding that the evidence of record was insufficient to establish causal relationship between her diagnosed bilateral shoulder conditions and the accepted employment factors. Therefore, the requirements had not been met to establish an injury under FECA. On September 30, 2022 appellant, through counsel, requested reconsideration.

In a November 10, 2021 report, Dr. R. Jason Hartman, an osteopathic physician Board-certified in neuromusculoskeletal medicine, noted that appellant had bilateral shoulder complaints since March 20, 2020. Appellant reported that she was carrying her work laptop back and forth daily and developed bilateral shoulder pain. Dr. Hartman noted appellant's medical treatment, including prior diagnostic imaging, injections and physical therapy. He provided examination findings of the left and right upper extremities and diagnosed bilateral shoulder rotator cuff tears and left thumb de Quervain's tenosynovitis. Dr. Hartman opined that appellant's symptoms were likely caused by her cumulative trauma she sustained from carrying her laptops to work every day. Therefore, it was reasonable for this to be treated under a workers' compensation claim.

A copy of an August 8, 2022 MRI scan of appellant's left wrist noted impressions of osteoarthritis of the first carpometacarpal (CMC) joint with joint effusion, intra-articular ossific body inferolateral to the first CMC joint with no evidence to suggest an acute avulsion fracture; lateral subluxation of the first metacarpal; and tiny central perforation of the triangular fibrocartilage complex, with small amount of fluid.

An August 8, 2022 MRI scan of appellant's right shoulder revealed supraspinatus and infraspinatus tendinosis with a high-grade bursal-sided tear of supraspinatus with associated subacromial/subcoracoid bursitis; tendinosis of the long head of the biceps tendon; linear hypointensity extending along the anterior inferior joint and labrum; and mild AC joint arthrosis with a type II acromion. An August 8, 2022 MRI scan of appellant's left shoulder revealed supraspinatus and infraspinatus tendinosis with a partial articular footplate tear; superior labral tear; subacromial/subdeltoid bursitis, and mild acromioclavicular joint arthrosis with a type II acromion.

By decision dated December 2, 2022, OWCP denied modification of its prior decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA³ has the burden of proof to establish the essential elements of his or her claim, including that the individual is an employee of the United States within the meaning of FECA, that the claim was timely filed within the applicable time limitation of FECA,⁴ that an injury was sustained in the performance of duty as alleged, and that any disability or medical condition for which compensation is claimed is causally related to the employment injury.⁵ These are the essential elements of each and every compensation claim, regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.⁶

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the identified employment factors.⁷

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.⁸ The opinion of the physician must be based upon a complete factual and medical background, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment incident.⁹

In any case where a preexisting condition involving the same part of the body is present and the issue of causal relationship, therefore, involves aggravation, acceleration, or precipitation, the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.¹⁰

³ *Id.*

⁴ *F.H.*, Docket No.18-0869 (issued January 29, 2020); *J.P.*, Docket No. 19-0129 (issued April 26, 2019); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁵ *L.C.*, Docket No. 19-1301 (issued January 29, 2020); *J.H.*, Docket No. 18-1637 (issued January 29, 2020); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁶ *P.A.*, Docket No. 18-0559 (issued January 29, 2020); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *Delores C. Ellyett*, 41 ECAB 992 (1990).

⁷ *T.W.*, Docket No. 20-0767 (issued January 13, 2021); *L.D.*, Docket No. 19-1301 (issued January 29, 2020); *S.C.*, Docket No. 18-1242 (issued March 13, 2019).

⁸ *I.J.*, Docket No. 19-1343 (issued February 26, 2020); *T.H.*, 59 ECAB 388 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

⁹ *D.C.*, Docket No. 19-1093 (issued June 25, 2020); *see Victor J. Woodhams*, 41 ECAB 345 (1989).

¹⁰ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (January 2013); *R.D.*, Docket No. 18-1551 (issued March 1, 2019).

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish bilateral shoulder and left thumb conditions causally related to the accepted employment events.

In support of her claim, appellant submitted June 30 and July 24, 2021 medical reports from Dr. Natani, who noted a history of appellant carrying her work laptops back and forth daily. He diagnosed bilateral shoulder pain, left greater than right. Dr. Natani also related the diagnoses provided in appellant's August 29, 2020 bilateral shoulder MRI scan reports. However, he did not provide an opinion as to whether the accepted work events caused the conditions diagnosed by MRI scans.¹¹ The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.¹² Thus, Dr. Natani's reports are insufficient to establish appellant's burden of proof.

Appellant also submitted medical evidence from Dr. Simic, who reported that appellant suspected that her hand and upper extremity symptoms may have been caused by her habitual activity of carrying a heavy backpack containing two laptops. In his August 13, 2020 report, Dr. Simic provided an impression of bilateral shoulder impingement syndrome; partial rotator cuff wear and tear; and AC joint osteoarthritis. A September 15, 2020 after-visit summary reported appellant's diagnosis as: impingement syndrome of right shoulder; nontraumatic incomplete of right rotator cuff; impingement syndrome of left shoulder; nontraumatic incomplete tear of left rotator cuff; primary localized osteoarthritis of right shoulder; primary localized osteoarthrosis of left shoulder; and pain. While Dr. Simic diagnosed several shoulder conditions, he did not provide an opinion on causal relationship. As previously noted, medical evidence which does not address causal relationship is of no probative value.¹³ Therefore this evidence is insufficient to establish the claim.

In a November 10, 2021 report, Dr. Hartman noted that appellant reported that she developed bilateral shoulder pain carrying her work laptops back and forth daily. He diagnosed bilateral shoulder rotator cuff tears and left thumb de Quervain's tenosynovitis and opined that appellant's symptoms were likely caused by her cumulative trauma she sustained from carrying her laptops to work every day. Therefore, it was reasonable for this to be treated under a workers' compensation claim. While Dr. Hartman provided an affirmative opinion suggestive of causal relationship, he did not offer medical rationale sufficient to explain his conclusionary opinion.¹⁴ The Board has held that conclusory statements lacking medical rationale are insufficient to

¹¹ See *S.D.*, Docket No. 22-0405 (issued October 5, 2022); *D.L.*, Docket No. 19-1053 (issued January 8, 2020); *C.C.*, Docket No. 18-1099 (issued December 21, 2018).

¹² *S.J.*, Docket No. 19-0696 (issued August 23, 2019); *M.C.*, Docket No. 18-0951 (issued January 7, 2019); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹³ *Id.*

¹⁴ *S.A.*, Docket No. 21-0593 (issued February 3, 2022); *T.W.*, *supra* note 7; *see H.A.*, Docket No. 18-1466 (issued August 23, 2019); *L.R.*, Docket No. 16-0736 (issued September 2, 2016).

establish causal relationship between employment factors and diagnosed conditions.¹⁵ Rather, the Board has held that a medical opinion must offer a rationalized explanation by the physician of how the specific employment incident physiologically caused or aggravated the diagnosed conditions.¹⁶ Additionally, the Board has held that a well-rationalized opinion is particularly warranted when there is a history of preexisting conditions, as in this case.¹⁷ Consequently, Dr. Hartman's report is insufficient to establish the claim.

The record also contains diagnostic studies including August 29, 2020 MRI scans of the bilateral shoulders and August 8, 2022 MRI scans of the left wrist and shoulders. The Board has held that diagnostic studies, standing alone, lack probative value as they do not address whether the employment factors caused any of the diagnosed conditions.¹⁸

As the medical evidence of record is insufficient to establish causal relationship between appellant's diagnosed medical conditions and the accepted March 29, 2020 employment factors, the Board finds that she has not met her burden of proof.

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish bilateral shoulder and left thumb conditions causally related to the accepted employment factors.

¹⁵ *S.A., id.*; *K.O.*, Docket No. 18-1422 (issued March 19, 2019); *see E.P.*, Docket No. 18-0194 (issued September 14, 2018).

¹⁶ *S.A., id.*; *V.D.*, Docket No. 20-0884 (issued February 12, 2021); *Y.D.*, Docket No. 16-1896 (issued February 10, 2017).

¹⁷ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (January 2013); *R.D., supra* note 10.

¹⁸ *D.R.*, Docket No. 22-0921 (issued December 29, 2022); *R.O.*, Docket No. 20-1243 (issued May 28, 2021); *V.L.*, Docket No. 20-0884 (issued February 12, 2021).

ORDER

IT IS HEREBY ORDERED THAT the December 2, 2022 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 5, 2023
Washington, DC

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

Janice B. Askin, Judge
Employees' Compensation Appeals Board

James D. McGinley, Alternate Judge
Employees' Compensation Appeals Board